

## Staying in a Burning House: Perks and Perils of a Hotline in the Times of COVID-19

### To the Editor:

Older people and people with preexisting medical conditions seem to be more vulnerable to becoming severely ill with the coronavirus disease 2019 (COVID-19). Since the best way to prevent and slow down transmission is to be well informed about the virus, the disease it causes, and how it spreads, the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán's (INCMNSZ) geriatric medicine department has made a hotline available to field older adults' inquiries about COVID-19 (Figure 1).

Due to the fact that the INCMNSZ, a public tertiary care center in Mexico City, Mexico, has recently become a designated care site for COVID-19, most outpatient clinics are on hold or working via telephone call or telemedicine, allowing medical staff to answer the hotline queries for now. The hotline is open 7 days a week, from 9 AM to 7 PM. I am the attending geriatrician on hotline duty. That is no coincidence: I am self-isolating due to immunosuppressive therapy (APNR). Yet, just as Ray Bradbury's character in *Fahrenheit 451* stays in her burning house rather than abandon her burning books, I do not stay at home for nothing.<sup>1</sup>

Although emphasizing the importance of preventive measures, trying to best address concerns, and stopping patients from unnecessarily visiting the emergency room are our main objectives, it is the human experience I would like to write about. In 10 days, I have received 64 calls and text messages about and from older adults. I have classified the addressed issues in the following areas: logistical doubts, preventive measures, patients with respiratory symptoms, and reminders of an unprepared health system. During these few days, I have addressed a myriad of concerns related to COVID-19. I have the impression that I have not been speaking with individuals, but with entire families. Such interactions, I believe, carry with themselves the possibility of valuable information being disseminated, information much needed to attain the best possible outcome given the particular circumstances of Mexico.

Most logistical doubts have been about canceled outpatient clinic appointments at the INCMNSZ. A few days ago, a 92-year-old gentleman with long-standing Crohn's disease texted the line. He was worried about his canceled clinic appointment since it was meant for treatment adjustment. When the on-call gastroenterology specialists' team was able to program a telephone call consultation for him the next day and his concern was mitigated, he sent me a

picture of himself, the message attached read, "so you get to know me."

A second group is composed of older adults and their loving family/friends/neighbors wondering what they can do to reduce their risk of infection. This one has been encouraging and heartbreaking at the same time. On the one hand, I have been able to underscore the importance of preventive measures, to solve relatively simple doubts, and to knock down a few myths on the way. On the other, these calls are a frequent reminder of how unfortunate the conflicting messages sent to the population by influential politics and business figures have been. For instance, I received a message from a worried young woman whose 80-year-old grandmother did not want to comply with preventive social distancing. She had seen the head of the Mexican government affirm on national television that Mexicans could continue hugging and kissing safely in spite of the pandemic.<sup>2</sup> Conversations with this group are also an attestation of how conflictive the concepts of preventive social distancing and lockdown are with survival for a great proportion of Mexicans who earn their living on a day-to-day basis.<sup>3</sup>

Interlocutors in the third group are those looking for guidance in the presence of respiratory symptoms. With this group, I have shared information regarding warning signs to go to the emergency room and regarding home care isolation, a sensitive matter when overcrowded households are not unusual<sup>4</sup> and when trained healthcare workers able to



**Figure 1.** Hotline for older adults for coronavirus disease 2019 (COVID-19), Mexico City, Mexico.


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assess if the residential setting is suitable for the purpose are nonexistent. In Mexico, approximately 26.7% of older adults report overcrowding, 20.7% share their bedroom with 1.5 to 3.9 other persons, and 6% share their bedroom with 4 or more other persons.<sup>5</sup>

The last group are those not calling about COVID-19. A 60-year-old woman diagnosed with rheumatoid arthritis called the hotline. She was looking to receive financial aid from the government since she did not have any social security benefits and was unable to purchase her medications. This is not an unusual scenario for a physician working in Mexico; basic medical expenses are frequently uncovered and advanced medical care scarce or frankly unavailable in some regions, a hint of the lack of readiness of our healthcare system to face emerging contingencies, such as a pandemic.

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